

bureaucracy that denies, delays, and rations health care is not the reform they want. They don't want the people who brought us the Department of Motor Vehicles making life-and-death decisions for them, their children, their spouses, and their parents. They don't want to end up like Bruce Hardy or Shona Holmes.

GUANTANAMO BAY

Mr. MCCONNELL. Madam President, on a very timely subject, we understand that discussions are underway on the conference report on the supplemental. I think it is important to remind everybody in the House and in the Senate that, just a few weeks ago, the Senate answered the question that has concerned Americans and that is this: whether the terrorist detainees at Guantanamo Bay, Cuba, should be transferred stateside to facilities that could be in or near their communities.

By an overwhelming vote of 90 to 6, the Senate said: No way, not without a plan. It passed the bipartisan Inouye-Inhofe amendment that bars the administration from transferring these terrorist detainees into the United States—90 to 6.

This is not a change in the Senate's position. Just a few years ago, the Senate, by a vote of 94 to 3, said the same thing: We should not move some of the world's most dangerous terrorists out of Guantanamo's modern, safe, and secure facility into our country.

The views of the Senate are abundantly clear. Nevertheless, it has been reported that congressional Democrats are privately considering the entreaties of the White House to repudiate these very clear views and to allow terrorist detainees to come into the United States.

What has changed? What has changed in the last couple weeks?

The views of the American people have not changed. In fact, they are more firmly opposed to this now than they were 2 months ago. Nor have the dangers and difficulties of moving the detainees into the United States.

The FBI Director, a couple weeks ago, testified about the dangers of holding these terrorists in the United States. Most of us are familiar with the problems Alexandria, VA, experienced with the trial of just one terrorist: security problems, transportation problems, logistical problems, commercial problems and on and on. Indeed, if you want to try these detainees by military commission—something I support—there is no better place than the \$12 million modern courtroom right there at Guantanamo Bay.

The administration's supporters point to Supermax as a place to house these terrorists. But our colleagues from Colorado don't support moving them there, nor is there anyplace in the facility to put them.

The Denver Post reports there is just one bed open at Supermax—just one. That means these terrorists would

have to come somewhere else, perhaps to a facility in your State.

Why in the world would Senate Democrats be considering the idea of giving the administration millions of dollars for doing this, especially since we still don't have a plan?

According to a Member of the Democratic leadership, it is because keeping terrorists at Guantanamo is a "problem politically" for the administration.

That is most curious. Assuming this is a political problem, with whom does the administration have it? It is not with the American people. They don't want Guantanamo closed, and they certainly don't want its inmates transferred here. It is not with our colleagues from Colorado. They don't want these detainees transferred into their State any more than the rest of America does.

It seems like the administration's "political problem" is a diplomatic one with the Europeans, who want the United States to accept some of these dangerous terrorists before they will. It is not in the interest of the United States to compromise our security to appease our European critics.

Similar to most Americans, I am for keeping Guantanamo open. It is safe and securely away from our civilian population. Perhaps I could be persuaded to change my mind if the administration comes up with a plan. They have time to do that and still receive funding to execute a plan through the regular order when we take up the 2010 appropriations bills in a few months.

But we should not rush to give the administration a blank check to do something, sight unseen, that Americans overwhelmingly oppose.

As Senate Democrats have often said, the Senate is not a rubberstamp. We should not flip-flop on our vote of a few weeks ago.

I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the time to be equally divided and controlled between the two leaders, or their designees, with the Republicans controlling the first half and the majority controlling the second half.

The Senator from Oklahoma is recognized.

HEALTH CARE

Mr. COBURN. Madam President, I have given a lot of thought to this, and

I appreciate what the leader said about health care. I am the only practicing physician in the Senate. We have one of our colleagues who is no longer practicing. But it struck me, as a physician, that what we should do in health care ought to be what our patients want us to do. What is it the people—the very personal aspect of health care—would like to see?

There is no question we have big problems in health care. There is dissatisfaction in the insurance side, with Medicare and Medicaid, and the lack of access. But what is it we should be talking about that will solve the insecurities, the problems, the concerns of the American people? I wish to go through with you a little list of items I think individuals in this country would agree with on how we ought to handle health care.

First, we ought to make sure health care is available to everybody in this country and that it is affordable. We will spend, this year, \$2.4 trillion on health care, or 17.5 percent of our GDP. Yet we know that out of that \$2.4 trillion, \$700 billion doesn't help anybody get well and doesn't prevent anybody from getting sick. We now have an administration that wants to spend another \$1.3 trillion over the next 10 years, or \$130 billion more per year, to try to solve this problem. The money is not the problem. We know, in Medicare alone, there is \$70 billion to \$80 billion worth of fraud and in Medicaid \$40 billion worth of fraud and that is in the government-run programs.

The second thing we ought to make sure of is that everybody can be covered. We can do that with the money we have today. We can make sure everybody gets covered. The other thing we ought to do is make sure everybody who has a plan they like today can keep it. After all, health care isn't about health care, it is about individuals, it is about persons, what they desire, what they need, and when they need it.

We can, in fact, fix the fraud, waste, and abuse in health care. It is something we can do. Not long ago, we discovered we had one wheelchair that had been sold multiple times by one durable medical equipment company in Florida, but it was never delivered, and they collected \$5 million from Medicare for that one wheelchair. That is just the tip of the iceberg of the fraud.

Another thing we know we need to do, and that patients want us to do—because we have a government-run system for 60 percent of our health care today—is we ought to prioritize wellness and prevention. Do you realize Medicare doesn't pay for wellness and prevention and Medicaid doesn't pay for wellness and prevention? So we don't have wellness and prevention. What that leads to is additional chronic disease, which we then will have to manage—a disease we could have prevented.

Another issue I was thinking about—especially with my patients—is that

some are employed and have insurance through their employer, but those who are employed but don't have insurance or they own their own business or they are self-employed, they get a totally different look from the IRS about their health expenses. If your employer pays for it, there are no taxes, but if you have to pay for it or you are self-employed or you have your own business, you have to take dollars, after tax, and pay for your health care. So one of the things we have to do is equalize that so everybody is treated the same under the Tax Code for their health care.

How does that work out? Well, if your employer provides your health care, you get about \$2,700 worth of tax benefits a year. But if you provide your health care, you get only about \$100 worth of tax benefit. It is ironic because it is so unfair to say you don't get the same benefit under the Tax Code because you happen to either work in a place that doesn't provide health insurance or you own your own business or you are self-employed.

The other issue I thought about that my patients would want is: What should we not do? What should we make sure we do not do? I think about my patients, and the last thing they want is more government involvement in their health care. We heard the minority leader talk about what happens in Canada when you get sick and how you have to wait and what happens in England when you get sick and are denied care because you are not worth it because of your age. Health care delayed, in the case of the lady he mentioned from Canada, is death. Health care denied, as he mentioned about the gentleman from England, is death—for both those individuals.

If you think about the government-run health care programs today, talk about Indian health care, a government-run program that is so substandard nobody would embrace it. If you think about VA health care—although it is improving through the years—it is still far below the standards of health care in this country. Then, if you think about the fraud in Medicaid and Medicare and the hoops everybody has to jump through, in terms of those two programs, I think most Americans would say: Let's fix it so everybody can have what they need and let's make sure everybody gets covered and let's make sure we do that without having government bureaucrats deciding what, when, and how we get our care.

The final issue is we know one of the problems we have today—besides a recession—is this huge amount of people who are unemployed. Yet we also know 72 percent of all new job creation comes from small business. A proposal is floating out there that we are going to tax you, through a pay-or-play mandate, if you don't provide health insurance for your employees, and you are going to pay into the government to do that. That will kill job creation in this country.

We can fix health care. It needs to be fixed. Everybody agrees with that. How we fix it is the most important issue we are going to deal with in the next 2 years. The idea that we can come to a solution of this in the next couple months, with the complexity we have, will assure us of one of two things: One is a government bureaucratic takeover of health care, or a piece of legislation that will deny care, which will put somebody in between a patient and their doctor and will either delay care or, in fact, will raise the cost of health care.

As somebody who has practiced for 25 years in the field of medicine, obstetrics, and allergy, what I know is that we have a good health care system if we can get the government out of it and not put more government into it. What we need is fairness in access, fairness in the Tax Code, and allow the true American experiment to work in health care as we have had it work in so many other things.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Louisiana.

ENERGY

Mr. VITTER. Madam President, I rise today to talk about the crucial issue of energy, to express real and deep concern that President Obama's energy proposals are, pure and simple, a huge package of new taxes on domestic energy production that will hurt this country and particularly hurt middle-class and working-class families, and to offer a clear alternative which is embodied in a bill I have introduced with 14 other Senators and 30 House Members, the No Cost Stimulus Act of 2009.

Energy plays a very unique and important role in our great society because energy—affordable, accessible energy—is one of the great equalizers in our great society. Low-cost energy provides for the single mom working two jobs to be able to drive her kids to school in the morning or soccer practice on the weekend, the way a wealthy family can. Low-cost energy allows for an elderly couple living on Social Security to stay warm in the winter and cool in the summer, as Warren Buffett can.

In providing energy that is truly affordable and accessible to businesses and consumers, we not only grow the society, but it is even more fundamental than that. It is a great equalizer. We ensure that those important opportunities and comforts are available to everyone in our society.

The converse of that is also true. When Congress acts to increase the cost of energy or when Congress acts knowing that will be the effect, we are making a decision to reduce the standard of living of middle-class, working-class families and the poor. We are making a decision to increase that gap, to put classes into our society and take away one of those great equalizers.

Cheap, affordable, accessible energy is as basic as putting a roof over your head and food on the plate of your children. Energy keeps the elderly in Wisconsin warm in the winter, keeps kids in Louisiana cool in the very hot and very humid summer.

With that truth, as sure as we should supply clean drinking water to all Americans, we must provide reliable, affordable energy to the people of our great Nation. It is our responsibility to do so in a nation of the people and by the people and for the people. It is fundamental to who we are as a people because it is a great equalizer, and we are a society not of classes but of one people.

In contrast to this, I am concerned about President Obama's energy proposals which across the board constitute a set of major new taxes on domestically produced energy. I favor an alternative to that, the No Cost Stimulus Act of 2009.

Our goal in the energy debate should be four things. It should be ensuring affordable energy for all Americans, including middle- and low-income families, keeping energy that great positive equalizer in our society. It should be growing the economy from our own abundant resources right here at home and not creating another factor that pushes jobs out of the country to other countries. It should be to work vigilantly to achieve energy independence, doing more here at home. And No. 4, tied directly to that, it should be about ensuring our efforts are consistent with our national security interests, which is, of course, more energy independence.

Again, the President's tax proposals are big increases on domestic energy production across the board. So they work against all of those four core aims that I laid out.

To see how that happens, we can look at history, and not that far back, to President Carter. In 1980, President Jimmy Carter increased taxes on domestic energy production. He signed into law the Crude Oil Windfall Profits Tax Act. The windfall profits tax was forecasted to raise more than \$320 billion between 1980 and 1989. But a funny thing happened on the road of implementation. The reality was far different.

According to the CRS, the government collected only \$80 billion in gross tax revenue, compared to that \$320 billion projection. The CRS also found the windfall profits tax had the effect of decreasing domestic production, what we produce at home, by between 3 percent and 6 percent, thereby increasing our dependence on foreign oil sources from 8 percent to 16 percent.

A side effect was declining, not increasing, tax collections. And while the tax raised considerable revenue in the initial years following its enactment, those revenues declined to almost nothing as that domestic energy industry went down as a direct result.